Workforce Race Equality Standard 2022

1. Purpose of the report

1.1. This report provides a summary of key data, issues and recommendations arising from the Workforce Race Equality Standard (WRES) report (snapshot as at 31 March 2022)

1.2. The WRES data template adopts the common use of ethnic categories of 'White' and Black and Minority Ethnic 'BME' – these categories are used within this report to ensure alignment and consistency.

2. Background

2.1. The WRES has been in place since 2015/16. The NHS England WRES team now routinely provides national output data by organisation in respect of WRES outcomes nationally, enabling benchmarking with comparators.

2.2. The NHS Race and Health Observatory was also established in 2021 as an independent body working to tackle ethnic inequalities in healthcare through evidence, policy recommendations and change implementation.

2.3. The window for data collection for the reporting period (data up to 31 March 2022) is 01 July 2022 to 31 August 2022. WRES data uploads are supplemented by a narrative return which is derived from the content of this report.

2.4. NHS England requires that WRES action plans are ratified by the Trust Board and published by 31 October 2022.

3. Data quality and outline numbers

3.1. Data for the Trust's data return is derived from a combination of sources; Electronic Staff Record, TRAC (recruitment), Allocate ER Case Tracker (employee relations) and the NHS Staff Survey 2021.

3.2. Following recruitment, data files transfer from TRAC to ESR upon an applicant's appointment.

3.3. All colleagues have access to the ESR self-service portal which allows them to review and update their personal information at regular intervals. This is supported by user manuals and support from the HR Services team.

3.4. As at 31 March 2022, 4.3% of colleagues (168 headcount) had chosen not to disclose their ethnicity. This is a decrease in non-disclosure from 2021, where 5.1% (192 headcount) of employees had chosen not to disclose. Further work is required to close this gap in order to show the true composition of the Trust's workforce.

3.5. Overall, the number of BME colleagues employed has increased in 2022 – 36.3% (1428 headcount) compared to 33.9% (1288 headcount) in 2021. Disaggregation of the data allows the Trust to analyse where improvements can be made at pay band, pay cluster, clinical, non-clinical and medical workforce levels.

3.6. Action can be further improved by analysing the data by staff group. Although this data is not reportable through the WRES data template, it is considered to be one further step towards improving the Trust's understanding of its challenged areas.

3.7. Further work is required to increase the BME profiles at Band 7 and above level in the Trust's clinical (non-medical) workforce. The Trust is working on a talent management rollout and engagement with the BAME (BME) Network will be essential in ensuring that BME colleagues are able to access this programme.

4. Recruitment

4.1. A figure below 1.00 indicates that BME applicants are more likely than White staff to be appointed from shortlisting. The Trust has shown a consistent improvement in this over the last three years, with 2.21 in 2020, 1.29 in 2021, and 0.83 in 2022.

4.2. The Trust has recruited 98 international nurses over the last 12 months and has worked directly with these individuals to ensure that they are properly supported during their integration into the Trust. These nurses have received a customised preceptorship programme, which includes various different modules to support them reflecting on culture, including imposter syndrome, compassion, leadership, empathy and emotional intelligence. The BME Network has engaged with the nurses to provide pastoral support.

4.3. A statement outlining the Trust's stance on ED&I has been included in all job adverts to ensure that our values are front and centre for potential applicants.

4.4. The Trust has engaged with all Staff Networks to review recruitment practices and is implementing changes to the advertising, shortlisting, and interview stages to ensure equal opportunities for all candidates through an inclusive, values-based recruitment process.

5. Disciplinary process

5.1. A figure below 1.00 indicates that BME applicants are less likely to enter the formal disciplinary process (as measured by entry into a formal disciplinary investigation) than White employees. The Trust reports a figure of 0.76 for 2022 and this is an increase from 2021 (0.41) but still a decrease from the 2020 position of 0.98.

5.2. The Employee Relations team have undertaken a review of several processes related to the disciplinary process, including the suspension process, ensuring more robust decision making when reviewing suspensions. A project is underway to implement a decision tree matrix for instigating disciplinary investigations, to ensure that investigations aren't commenced unnecessarily, and supportive, corrective actions are taken instead.

5.3. The Employee Relations team regularly meets to undertake case reviews and share learning with colleagues. Changes to practice are identified and evidenced to the Trust Board through an annual Employee Relations Case Report, showcasing the activity for the year but also the reflections, and process improvements made.

5.4. Cultural Intelligence training has been delivered to the Trust Board and is in the process of being rolled out for senior leaders within the Trust.

6. Staff Survey data

6.1. The 2021 NHS Staff Survey shows a deterioration across the following WRES specific factors for BME colleagues:

- Staff experiencing harassment, bullying or abuse from managers and other colleagues.
- Staff experiencing harassment, bullying or abuse from patients, service users, relatives or the public.
- Staff experiencing discrimination at work from managers/team leaders or other colleagues.

6.2. A positive increase has been noted for the following factor:

- Staff believing that the organisation provides equal opportunities for career progression and promotion.

6.3. It should be noted that, for half of these factors, the Trust scored better than the national average however, there is work to be done to improve employee experience in these areas.

6.4. The Trust is rolling out Cultural Awareness training in areas where conflict has been identified and is also working with an external partner to deliver Cultural Intelligence training to senior leaders. The Trust's ED&I Lead has been accredited as a certified cultural intelligence facilitator and is supporting the roll-out of the programme.

6.5. A listening event was held with the BME Network to discuss the 2021 staff survey results and provide context for the Trust's scores in the WRES-specific questions. An action plan has been co-produced with the network.

6.6. The Trust has signed up to the East of England Anti-Racism Pledge outlining its commitment to supporting staff against racism.

7. Access to Non-Mandatory Training and Continuous Professional Development (CPD)

7.1. A figure below 1.00 indicates that BME applicants are more likely than White staff to access non-mandatory training and CPD. For 2022 the figure (0.93) is largely unchanged from 2021 (0.90) but indicates a small decrease in the gap between BME and White staff.

7.2. Engagement between the Trust's ED&I Lead, Organisational Development, Learning and Development (including Apprenticeships), and BME Network has been undertaken to ensure that there is access to non-mandatory training and CPD for a diverse range of groups. A Microsoft Teams channel has been created to advertise modules such as BME and Imposter Syndrome, Compassionate Leadership, Pride Leadership, ED&I Visionary Leadership, Exploring Apologetic Culture (Female Empowerment), and ED&I Inclusive Strategies.

7.3. A talent management scheme roll out is in the project planning phase and will ensure inclusion for BME staff.

8. Facilitating the voices of BME colleagues

8.1. The Trust's BME network has been in place since late 2019 and has developed its collective voice, its membership and reach. The network has been engaged with on a number of initiatives including, inclusive recruitment practices, engagement with the Practice Education team to improve the experience of BME student nurses, talent management, allyship and better exposure.

8.2. Representatives from the network have also been involved in focus group assessments for high profile recruitment campaigns such as Non-Executive Director and Chief Nurse.

8.3. The Inclusion Leadership Council has been in operation since November 2021 and is a bi-monthly meeting where representatives from all staff networks can raise matters to the highest level of the Trust. Supporting this is a more informal, monthly meeting with the Head of HR Business Partnering and ED&I Lead to ensure ongoing engagement on everyday matters.

8.4. Ongoing regional (ICS) and national (WDES) engagement is planned to support the BME network's development.

9. Trust Board composition

9.1. The Trust Board composition has not changed markedly from 2021 and only 6.3% of board members are BME. There is a 30% difference between the BME representation of the Trust Board (6.3%) and the overall ethnic profile of the Trust's workforce (36.3%).

9.2. In 2021/22 steps have been taken to improve both the initial search and recruitment and selection processes to increase the field of appropriately diverse candidates. This has been supplemented by specific employment legal advice and assessment centre redesign. On each occasion where a Board level appointment has been made, the Trust has assured itself that the best candidates for the roles have been appointed.

9.3. The Trust has also implemented an Associate Non-Executive Director (NED) programme to provide learning opportunities for individuals that may not necessarily be ready for a NED position, with a view to bringing wider diversity to the Board in the future.

10. Recommendations

10.1. Take steps to encourage colleagues to self-declare their ethnicity status through positive communications and improved use of electronic systems, including a "share" campaign to encourage employees to share equality data that they may have not disclosed at recruitment stage.

10.2. Make use of NHS England WRES data to enable improvement in outcomes through the adoption of proven actions in comparable environments.

10.3. Undertake meta-analysis of WRES data by staff group, commencing with Nursing, Midwifery and Therapies. Focus for improvement should be on increasing the BME profiles at Band 7 and above level in the Trust's clinical (non-medical) workforce and metrics should be considered against this factor to monitor and measure progress against intent.

10.4. Triangulation of data is required to ascertain impact of increase in discrimination harassment, bullying and abuse e.g., informally resolved cases, grievance and disciplinary data, exit questionnaires, data held by; staff side colleagues, FTSU guardian, Staff Health and Wellbeing, Incident reports

10.5. Talent Management is part of the Workforce Strategy Plan and will support further improvement in the recruitment metric as well as the equal opportunities and career development NHS Staff Survey outcomes.

10.6. Improve communications and publicity across the Trust around key workstreams such as; BME Network and achievements, working groups on violence and aggression in the workplace, Living our Values culture programme and behaviours framework, Cultural Intelligence and wider training outcomes.

10.7. Continue to support the ongoing development of the BME Network through advances in data analysis, regional/national support.

10.8. Wider sharing of WRES metrics with the workforce, including infographics published and posted in all departments.

10.9. Continue to work alongside other Trusts and ED&I Leads within our network, in addition to the Trust's BME network and the local community to engage on the ED&I agenda, focusing on the key deliverables of the NHS People Plan, where belongingness is key.

10.10. Continue to engage with our networks to share best practices and lessons learned with a view to driving the ED&I agenda forward and build an inclusive learning culture for all at the Trust where everyone is passionate about 'learning, sharing and growing.'

10.11. Continue to build a robust internal and external outreach programme and engaging with colleagues, BME and local communities/charities to capture lived experiences to enhance the culture of inclusion and belongingness in the Trust.

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18 August 2022